

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007252

1. Entity Name
NESMITH ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**703 SOUTH HITCHCOCK STREET
PLANT CITY, FL 33566**

Mailing Address
**P.O. BOX 4199
PLANT CITY, FL 33564**



05052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0936875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WETHERINGTON, KIMBALL W
703 SOUTH HITCHCOCK STREET
PLANT CITY, FL 33566**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P
WETHERINGTON, KIMBALL W
703 SOUTH HITCHCOCK STREET
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/V/P
HUGHES, JEFF M
703 SOUTH HITCHCOCK STREET
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KNIGHT, GARY W
703 SOUTH HITCHCOCK STREET
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000367450
05/18/05-80001-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

5-11-05 813-759-6501